

P.O. Box 50636 Knoxville, TN 37950 Phone: (865) 588-5422 Fax: (865) 588-6857

CERTIFIED MAIL 7008 1830 0005 0055 0426

January 21, 2010

Mr. Erich Cleaver KPDES Branch, Division of Water Frankfort Office Park 14 Reilly Road Frankfort, KY 40601

RE: Application Notice of Deficiency KYPDES Permit # KY0094706

Pilot Travel Centers LLC #046

Dear Mr. Cleaver,

Please receive the following items to rectify the Application Notice of Deficiency as identified by you in a letter dating January 13, 2010. Those items are as follows:

Form SC Section XII.A.

Analysis of Ammonia

Analysis of Fecal Coliform

Analysis of Total Organic Carbon

Analysis of Total Residual Chlorine

Form SC Section VI

Please feel free to contact me with further questions or concerns at 865-588-5422.

Thank you,

Canna Jones Dynamis, Inc

enclosures

cc: Joey Cupp, Pilot Travel Centers

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Diesel island rinse water	<200 gpm	Oil/ water separator	1-H, 4-A
I. Does all water	ontact cooling water er used at facility (except for human	n consumption) flow to	treated discharge from oil/ water a treatment plant? Yes	separator No
I. Does all water	er used at facility (except for human other than surface waters. Check a	n consumption) flow to	-	3500
I. Does all water II. Discharge to	er used at facility (except for human other than surface waters. Check a cly-owned lake or impoundment	n consumption) flow to appropriate location: Name of lake:	-	3500
I. Does all water II. Discharge to Public	er used at facility (except for human other than surface waters. Check a	n consumption) flow to appropriate location: Name of lake:	-	3500
I. Does all water II. Discharge to Public Public Land	er used at facility (except for human other than surface waters. Check a cly-owned lake or impoundment cly-owned treatment works (POTW).	n consumption) flow to appropriate location: Name of lake: Name of POTW:	a treatment plant? ⊠ Yes □	No
I. Does all water  II. Discharge to Public Public Land	er used at facility (except for human other than surface waters. Check a cly-owned lake or impoundment cly-owned treatment works (POTW). application of Effluent	n consumption) flow to appropriate location:  Name of lake:  Name of POTW:  on map)  lateral field	a treatment plant? ⊠ Yes □ ; □ sinkhole; □ sinking stream; □	No  ☐ deep well
I. Does all water II. Discharge to Public Public Land Surfa	other than surface waters. Check a cly-owned lake or impoundment cly-owned treatment works (POTW). application of Effluent ce injection (Check term and identify	n consumption) flow to appropriate location:  Name of lake:  Name of POTW:  on map)  lateral field  Holding tank;  Me	a treatment plant?  Yes  ;  sinkhole;  sinking stream;  chanical evaporation;  Waste im	No  deep well  poundment
/I. Does all water /II. Discharge to Public Public Land Surfa Close /III. Check the m	er used at facility (except for human other than surface waters. Check a cly-owned lake or impoundment cly-owned treatment works (POTW). application of Effluent ce injection (Check term and identify d Circuit (Check appropriate term) [etals present in the discharge if appropriate term]	n consumption) flow to appropriate location:  Name of lake:  Name of POTW:  on map)  lateral field  Holding tank;  Me	a treatment plant?  Yes  ;  sinkhole;  sinking stream;  chanical evaporation;  Waste im	No  ☐ deep well poundment

Additive	Composition	Concentration (mg/l)
1		

A. Indicate results of analysis for pollutants listed below.					
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES		
BOD₅	10 mg/L		1		
TOTAL SUSPENDED SOLIDS	14.4 mg/L		8		
FECAL COLIFORM	100/ 100mLs		1		
TOTAL RESIDUAL CHLORINE	0.03 mg/L		1		
OIL AND GREASE	2.6 mg/L		8		
CHEMICAL OXYGEN DEMAND	70.2 mg/L		1		
TOTAL ORGANIC CARBON	4.34 mg/L		1		
AMMONIA	0.161 mg/L		1		
DISCHARGE FLOW	0.043 MGD		6		
PH	7.6 std units		7		
TEMPERATURE (WINTER)	16.7 ° C		1		
TEMPERATURE (SUMMER)			N/A		

B. Frequency and duration of flow: Intermittent, variable	
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## XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. Ms. Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE
	1-21-2010